## FEE TRANSMITTAL FY 2006

Complete if Known						
Application Serial No.	10/633,629					
Filing Date	August 5, 2004					
First Named Inventor	Ayoub RASHTCHIAN					
Group No.	1633					
Examiner Name	Ileana Popa					
Confirmation No.	6375					

				Confirmation	1 No.	6375		
METHOD OF PAYMENT				FEE CALCULATION (continued)				
Payment Enclosed:				4. ADDITIONAL FEES				
☐ Check ☐ Money Order ☒ Other				Large Entity	Small Entity			
The Commissioner is hereby authorized to credit or charge any fee			Fee( \$)	Fee (\$)	Fee Description	Fee Paid		
indicated below for this submission to Deposit Account No. 50-3840  Required Fees (copy of this sheet enclosed).				130	65	Surcharge - late filing fee or oath		
Additional fee required under 37 CFR 1.16 and				50	25	Surcharge - late provisional filing fee or		
1.17.				400		cover sheet		
Overpayment Credit.				130	130 2,520	Non-English specification		
Applicant claims small entity status.  FEE CALCULATION				2,520 120	2,320 60	Request for ex parte re-examination Extension for reply within 1 <sup>st</sup> mo.		
1. BASIC FILIN				J FEES	450	225	Extension for reply within 1 mo.	
Application	Filing	Search	Examination	Fee Paid	1,020	510	Extension for reply within 3 <sup>rd</sup> mo.	
Type Utility	300	500	200		1.590	795	Extension for reply within 4 <sup>th</sup> mo.	
Design	200	100	130		2,160	1,080	Extension for reply within 5 <sup>th</sup> mo.	
Plant	200	300	160		500	250	Notice of Appeal	
Reissue	300	500	600		500	250	Filing a brief in support of an appeal	
Provisional	200	0	0		1,000	500	Request for oral hearing	
	S		ty Discount		400	0	Petitions to the Director	
		1	l. TOTAL			\$180.00		
2. EXCESS CLAIM FEES Fee Small Entity Fee (\$)  Each claim over 20 or, for Reissues, each claim			790	395	Filing a submission after final rejection (37 CFR 1.129(a))			
	d more than in the			25	<b>500</b>	20.7		
Each independent claim over 3 or, for Reissues, 200 100			790	395	For each additional invention to be examined (37 CFR 1.129(b))			
each independent claim more than in the original patent.			100	100	Certificate of Correction for applicant's error			
Total Claims Extra Claims Fee Paid (\$)		130	65	Submission of Terminal Disclaimer				
20 VD								
-20 or HP= x \$ = HP = highest number of total claims paid for, if greater than 20				Other fe	e (Specify)	Request for Continued Examination	\$395.00	
Indep. Claims Extra Claims Fee Paid (\$)				0	e (opeens)	Toquest for Commission Emanifecture		
- 3 or HP= 3 x \$=				Other fee	e (Specify)			
HP = highest number of total claims paid for, if greater than 3							4. TOTAL:	\$395.00
Multiple Dependent Claims	Fee(\$) 360		all Entity fee (\$) 80	Fee Paid (\$)				
							TOTAL AMOUNT S	SUBMITTED
			2. TOTAL:				(\$57:	5.00)
3. APPLICATION SIZE FEE				SIGNATURE BLOCK				
If the specification and drawing exceed 100 sheets ofpaper, the application size						D		
fee due is \$250 (\$125 for small entity) for each additional sheets or fraction						Respectfully submitted,		
there of. See 35 U.S	S.C. 41(a)(1)(G)	) and 37 C	FR 1.16(s).				(A) £ 11	
Total Ex		Additional hereof	50 or fraction	Fee (\$) Fee Paid	Date: January 31, 2007			
			up to a	1 414	Reg. No.:	•	Paul M. Booth	
-100= 0	/50=		number x	= 0.00	-	(202) 416-6		(s)
3. TOTAL:			Fax No.: (202) 416-6899 Proskauer Rose LLP 1001 Pennsylvania Ave., N.W., #400 Washington, D.C. 20004					
CORRESPONDENCE ADDRESS								
Direct all correspondence to:								
PATENT ADMINISTRATOR						<u> </u>		
Proskauer Rose LLP								
1001 Pennsylvania Avenue, N.W., Suite 400 Washington, D.C. 20004							ľ	
Tel. No.: (202) 416-6800 Fax No.: (202) 416-6899								
CUSTOMER NO: 61263								